Pamela Hintz 651.621.8535 – Direct PHintz@otcpas.com



Depend on Our People. Count on Our Advice.5M

Received & Inspected

JUN 28 201/

June 27, 2017

FCC Mailroom

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554 DOCKET FILE COPY ORIGINAL

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Section 54.422 SAC 369020, MN, Farmers Mutual Telephone Company Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Ms. Dortch:

Pursuant to Section 54.422 of Commission's Rules, Farmers Mutual Telephone Company, MN, SAC 369020 is filing its Form 481 High Cost and Low-Income Annual Report. An electronic copy has been filed via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz Senior Telecommunications Consultant phintz@otcpas.com (651) 621-8535

and I do

**Enclosures** 

No. of Copies rec'd\_ List ABCDE

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	PAMELA HINTZ
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com
·	Form Type	54.422

Received & Inspected

JUN 28 2017

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Service Outage Reporting (Voice) Collection Form	
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<015> Study Area Name <020> Program Year	ea Name										-
					FARMERS MUT	FARMERS MUTUAL TELEPHONE COMPANY	ANY				
ı	Year				2018			1			
<030> Contact	Contact Name - Person USAC should contact regarding this data	AC should conta	ct regarding thi	s data	PAMELA HINTZ	2.				, and a second s	
<035> Contact	Contact Telephone Number - Number of person identified in data	r - Number of p	erson identified	in data line <030>	30> 6516218535 ext	ext.					
<039> Contact	Contact Email Address - Email Address of person identified in data line <030>	nail Address of p	erson identified	l in data line <0	30> phintz@otcpas.com	as.com					
<210> For the	For the prior calendar year, were there any reportable voice service outages?	ear, were ther	e any reporta	ble voice serv	ice outages?						
<220> <a></a>	 	<	<	< <b>p</b> 4>	<c1></c1>	\$	ô	é	÷	Ŷ	÷
NORS Reference Number	9	Outage Start Outage End Date Time Date	Outage End Date	Outage End Time	Number of Customers Affected	₽	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Ves / No)	Resolution	Procedures
							-				
	-										
								,			

300)	300) Unfuffilled Service Request	
Data Co	Data Collection Form	DNB Committee 1068-108-6/OAR Common No. 3060-0819
¢010	<010> Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEBHONE COMPANY
<020>	<020> Program Year	2018
<030>	<030> Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039	<039> Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<300>	<300> Unfulfilled service request (voice)	
<310>	<310> Detail on attempts (voice)	
	Name	Name of Attached Document
<320>	<320> Unfulfilled service request (broadband)	
<330>	<330> Detail on attempts (broadband)	
		Name of Attached Document

(400) Humber of Completes per LPDS controlles  Collection Fail  Collection	
h) 2013	

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<010>	Study Area Code 369020
<015>	Study Area Name FARMERS MUTUAL TRLEPHONE COMPANY
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line phintzeotopae.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband
<450>	Complaints per 1000 customers for mobile broadband

20.00	planes Affic Longs Challey Schlauffer and Company Reported in Balan Stick Form	EC; rom 48] Ode Souted His 1999-1996/Cyril Control His, 1999-1919 Adv 2019
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 exc.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@ctcpas.com
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance
<515>	Certify compliance with applicable minimum service standards	

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	octionalis in Egyagganog Milajatiosis Rection Fami	PCC Form 421  ONE Control No. 2000/0730/Code Education 2000/0215
		569 2013
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610> E	Descriptive document for Functionality in Emergency Situations	

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(700) Data C	(700) Price Offerings including Voice Rate Data  Ords Control No. 3060-0819  Suly 2013
<010>	<010> Study Area Code 369020
<015>	<0.15> Study Area Name PARMERS MUTUAL TELEPHONE COMPANY
<020>	<020> Program Year
<030>	<030> Contact Name - Person USAC should contact regarding this data PAMELA HINTZ
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com
<701> <702>	<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge
<703>	State of the state

	Total per line Rates and Fees				-		i i							
Mandatory Extended Area	Service Charge	7						,						
	State Universal Service Fee										,			
Residential Local	State Subscriber Line Charge		0.000			-								
ch25 Residential Local	Service Rate								·					
÷	Rate Type													
8	SAC (CETC)													
	Exchange (ILEC)													
03> <b><a href="#">&lt;50&gt;</a></b>	State													

		FARMERS MUTUAL TELEPHONE COMPANY	2018	PAMELA HINTZ	218535 ext.	ine <030> phintz@otcpas.com
	<010> Study Area Code 369020	<015> Study Area Name FARME	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.	<039> Contact Email Address - Email Address of person identified in data line <030> phi
ii	<010>	<015>	<020>	<030>	<032>	<039>

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Usage Allowance Action Taken When Limit Reached ( <i>select</i> )										
Usage Allowance (GB)										
Broadband Service - Upload Speed (Mbps)										
Broadband Service -   State Regulated   Total Rate and Fees   Total Rate and Fees   Total Rate and Fees   Total Rate   T										
Total Rate and Fees										
State Regulated Fees										
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	FARMERS MUTUAL TELEPHONE COMPANY			t.	.com					SAC													•
369020	FARMERS MUTUA	2018	PAMELA HINTZ	6516218535 ext.	phintz@otcpas.com														٠				•
<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030>	<810> Reporting Carrier Farmers Mutual Telephone Company	<811> Holding Company Not Applicable	<812> Operating Company Farmers Mutual Telephone Company	<813>	Affiliates		The second secon						The special state of the state	The state of the s				

	369020	PARMERS MUTUAL TELEPHONE COMPANY	2018	PAMELA HINTZ	6516218535 ext.	phintz@otcpas.com				Name of Attached Document	Select Yes or No or Not Applicable	
proby These leader Augusting  Date Conscious Name  Conscious N	<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030>	<900> Does the filing entity offer tribal land services? (Y/N)	<910> Tribal Land(s) on which ETC Serves	<920> Tribal Government Engagement Obligation		If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  <922> Feasibility and sustainability planning;  <923> Marketing services in a culturally sensitive manner;  <924> Compliance with Rights of way processes  <925> Compliance with Facilities Siting rules	7007

Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.

<928>

	(Rection Form	
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<032>		6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate comparability compliance	
<1020>	Broadband comparability certification	Name of Attached Document
<1030>	Attach detailed description for broadband comparability compliance	

Name of Attached Document

19003	369020	PARMERS MUTUAL TELEPHONE COMPANY	2018	PAMELA HINTZ	6516218535 ext.	phintz@otcpas.com	Square to the sq	
(1900) no Temperial Eddinal Reporting	Study Area Code	Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030>	<1100> Certify whether terrestrial backhaul options exist (Y/N) <1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	

	erms and Condition for Milling California.	
<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>		
<039>	Contact Email Address - Email Address of person identified in data line <030>	ne <030> phintz@ctcpas.com
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		2090¢.UIII.121.U. put
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	нтр
"Please check th or the website li § 54.422(a)(2) a annually report:	"please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	10,
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

					1000	
	369020	FARMERS MUTUAL TELEPHONE COMPANY	2018	PAMELA HINTZ	line <030> 6516218535 ext.	nhint ventures com
National Control of the Control of t	<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	ıσ	-020× oui
	<010	<015	<020:	<030:	<035	<039

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c), (d),(e). The information reported on this form and in the documents attached below is accurate.

# Incremental Connect America Phase I reporting

				Name of Attached Document Listing Required Information	Name of Attached Document Listing Required Information	
3rd Year Certification 47 CFR $\S54.313(b)(1)(ii)$ - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbns/1Mbns - 54.313(h)(2)(i) Round 2 recipients only	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(i)). Round 2 recipients only.		Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)
<2011>	<2022>	<2023>	<2024A>	<2024B>	<2025B>	<2015>

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				80	
				Name of Attached Document Listing Required Information	
2005) Price Cap Carrier Malla metacoments for the Collection Party Carrier Malla Cap Cap Cap Cap Cap Cap Cap Cap Cap Ca	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} 2016> Certification support used to build broadband Connect America Phase II Reporting {47 CFR § 54.313(e)}	<2017A> Connect America Fund Phase II recipient?	<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in $2016$ .	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)
(2005) Price Cap Carrie Date Collection Form Including Rate-of-Neter	Price Cap <2016> Connect	<2017A>	<2017C>	<2018>	<2019>

<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications		
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<u></u>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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369020	FARMERS MUTUAL TELEPHONE COMPANY	2018
<010> Study Area Code	<015> Study Area Name	<020> Program Year
6	<01	٥ <u>٥</u>

<010>	<010> Study Area Code	369020
<015>	.015> Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<070>	Program Year	2018
<030>	<030> Contact Name - Person USAC should contact regarding this data PAMELA HINTZ	PAMELA HINTZ
<032>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com	phintz@ctcpas.com
Section 18		

inancial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	The property of the state of th
(3033) Total Equity	
(3034) Dividends	



<010>	Study Area Code	369020
<015>	Study Area Name	FARMERS MUTUAL TELEPHONE COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> phintz@otcpas.com

### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

### Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

### Community Anchor Institutions – FCC 14-98 (paragraph 79)

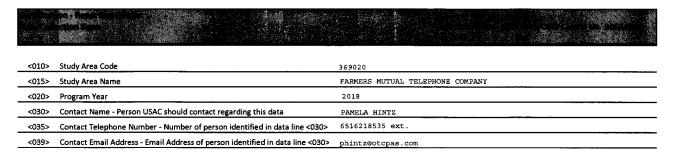
**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

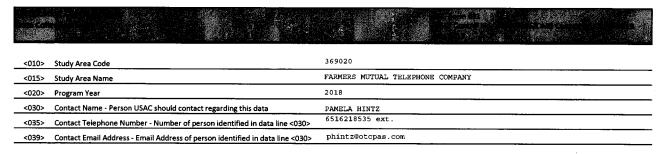
relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	ragraph 80)	
4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials	Name of Attached Decument Listing Dequired Information	



### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients					
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form car	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

	is authorized to submit the information reported on behalf of the reporting carrier.  e ensuring the accuracy of the annual data reporting requirements provided to the authorized thorized agent is accurate.
Name of Authorized Agent: Olsen Thielen	
Name of Reporting Carrier: FARMERS MUTUAL TELEPHONE COMPANY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/27/2017
Printed name of Authorized Officer: Kevin Beyer	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 3203247111 ext.	
Study Area Code of Reporting Carrier: 369020 Filing	Due Date for this form: 07/03/2017

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAI	AF or LI Recipients on Behalf of Reporting Carrier
•	•
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal	al service support recipients on behalf of the reporting carrier. I have provide
he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledg	
Name of Reporting Carrier: FARMERS MUTUAL TELEPHONE COMPANY	- Appendix
Name of Authorized Agent Firm: Olsen Thielen	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/22/2017
Name of Authorized Agent Employee: Olsen Thielen	
itle or position of Authorized Agent or Employee of Agent Consultant	
elephone number of Authorized Agent or Employee of Agent: 6516218511 ext.	
tudy Area Code of Reporting Carrier: 369020 Filing Due Date for this forn	rm: 07/03/2017

Attachments

Farmers Mutual Technologies Inc.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Farmers Mutual Technologies Inc. offers Lifeline Service Credit according to basic service requirements listed in Minnesota Administrative Rule "7811.0600 – Basic Local Service Requirements."

**Subpart 1. Required services.** A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

- A. Single party voice-grade service and touch-tone capability;
- B. 911 or enhanced 911 access;
- C. 1+ intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
- D. Access to directory assistance, directory listings, and operator services;
- E. Toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999/CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
- F. One complete directory per year for each local calling area, which may include more than one local calling area, consistent with the customer option provisions of part 7810.2950 and, upon a customer's request and in the customer's preferred format among the formats offered by the local service provider, one copy of any other directory within the local calling area;
- G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
- H. Call-tracing capability according to chapter 7813;
- I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
- J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.

**Subpart 2. Separate flat rate service offering.** At a minimum, each LSP shall offer the services identified in subpart 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

Farmers Mutual Technologies Inc.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Subpart 3. Service area obligations: all LSPs. An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7811.0300 or 7811.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7811.0300, subpart 4, or 7811.0350, subpart 4. The obligation to provide resale services does not extend beyond the service capability of the underlying carrier whose service is being resold. The obligation to provide facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises.

**Subpart 4. Service area obligations: ETCs.** An LSP designated an ETC by the commission must provide local service, including, if necessary, facilities-based service, to all requesting customers within the carrier's service area on a nondiscriminatory basis, regardless of a customer's proximity to the carrier's facilities. An LSP may assess special construction charges approved by the commission if existing facilities are not available to serve the customer.

The Local Service Tariff is on file with Minnesota Public Utility Commission.

All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Farmers Mutual Technologies Inc. adheres to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

### Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT (local service provider). On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

**Subpart 2. Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

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**Subpart 7. Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

### Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

The specific Company terms and conditions for service are set forth in the Company's tariff pages included in Exhibit 1, attached.

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### LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

### Local Exchange Service

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- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

### C. Service Upgrades

- 1) At the option of the Company, services will be upgraded to business individual line and residence individual line as facilities for the provision of such services permit.
- 2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
- 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.

### D. Extended Area Service

- 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- 2) Extended Area Service rate component.
  - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
  - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

### E. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Effective: 1-14-08

Book 2 Section 4 Page 2 Revision 4

### LOCAL EXCHANGE SERVICE

Class of Service	Rates Monthly Rates						
		Madison Dawson		Boyd		Montevideo Ortonville	
BUSINESS: One Party Key System Line - Access Basic Coin Telephone Service	\$	18.00 18.00 18.00	(I) \$ (I) (I)	18.00 18.00 18.00	(I) \$ (I) (I)	18.00 18.00 18.00	(l) (l) (l)
RESIDENCE: One Party - Access		18.00	<b>(I)</b>	18.00	<b>(I)</b>	18.00	(1)

All rates are billed in advance. Payment for service is due when the statement is rendered.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5, page 31 of this tariff book.

SCHOOL CLASS ROOM SERVICE: *	Monthly Rate
One Party - Access	\$ 16.00 (I)

School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 6-10-16

# FARMERS MUTUAL TELEPHONE COMPANY BELLINGHAM, MINNESOTA

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# LOCAL EXCHANGE SERVICE

# Extended Area Service (EAS)

Exchange	EAS to Exchange	EAS to Exchange	
Madison	Dawson		
Dawson	Madison		
Boyd	Cerro Gordo Dawson	(N)	
Montevideo	Big Bend Milan	(N)	
Ortonville	Big Stone City Clinton Odessa	(N)	

Effective: <u>11-1-13</u>